

HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
KUNDA	NAGARAJ	V.	(703) 490-6533
MAILING ADDRESS (Street)			FAX
1839 CEDAR COVE WAY UNIT 201			
(City)	(State)	(Zip Code)	
WOODBIDGE	VA	22191	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
STRATEGIC BUSINESS MANAGEMENT, INC.			(703) 490-6533
MAILING ADDRESS (Street)			FAX
1839 CEDAR COVE WAY UNIT 201			(877) 787-05983
(City)	(State)	(Zip Code)	
WOODBIDGE	VA	22191	

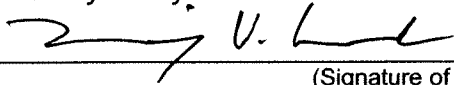
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
STRATEGIC BUSINESS MANAGEMENT, INC.			(703) 490-6533
MAILING ADDRESS (Street)			FAX
1839 CEDAR COVE WAY UNIT 201			(877) 787-0598
(City)	(State)	(Zip Code)	
WOODBIDGE	VA	22191	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Nagaraj V. Kunda			(703) 490-6533
MAILING ADDRESS (Street)			FAX
1839 Cedar Cove Way, Unit 201			(877) 787-8503
(City)	(State)	(Zip Code)	
Woodbridge	VA	22191	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input checked="" type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input checked="" type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operations & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input checked="" type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy Environmental Protection | <input checked="" type="checkbox"/> Housing | <input checked="" type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

05/15/08

(Date)

PART V AUTHORIZATION TO LOBBY

NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Nagaraj V. Kunda

Senior Partner

NAME OF ORGANIZATION (if applicable)

Strategic Business Management, Inc.

TELEPHONE

(703)490-6533

MAILING ADDRESS (Street)

1839 Cedar Cove Way, Unit 201

FAX

(877)787-0589

(City)

(State)

(Zip Code)

Woodbridge

VA

22191

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

05/08/08

(Date)